



TEXAS
Health and Human
Services

Independent School Districts

Random Moment Time Study

Time Study Participant

Time Study Participant must:

- Must answer the following to document the sampled moment:
 - Who was with you?
 - What were you doing?
 - Why were you performing activity?
- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment
- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
 - Primary RMTS Contact copied on the 72 hour reminder
- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.
 - Primary RMTS Contact will be copied on the e-mail



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Educational or Direct Medical

Educational Services include:

- Reading/English/Language Arts
- Writing
- Mathematics
- Science
- Social studies
- Physical education
- Electives



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Educational or Direct Medical

Direct Medical Services are:

- Medical Services that require a licensed skilled, trained professional, such as:

Nursing

Psychology

Counseling

OT, PT, Speech,

Evaluations

- Personal Care Services

Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) that require human intervention to accomplish the task the student would normally do for themselves if they did not have a disability or chronic medical condition, i.e., hands on assistance, monitoring, cueing, redirection.



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Personal Care Services

To ensure Personal Care Services are being documented correctly, a list of follow-up questions will be asked.

The RMTS Contact is responsible for training the time study participants as it pertains to personal care services, such as:

- A personal care service is a direct medical service
- A student receiving a personal care service should have an IEP that lists the specific activity and personal care service needed
- When responding to a time study moment, PCS Providers' response should be restricted to the one minute in time. **DO NOT** list multiple activities or their job description/responsibilities
- A response should always include the specific human intervention (cueing, monitoring, etc.) for the ADL being provided
- When responding to a time study moment if the "Why" states "to provide a direct medical service as defined on a student IEP", then the "What" should clearly define the personal care service
- In situations where lesson planning is being done, please indicate the specific student audience and if it is IEP related.



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Personal Care Services

Personal care services (PCS) are provided to assist a student with a disability or chronic health condition so they may benefit from school/educational services

Personal care services include a range of human assistance provided to students to accomplish ADLs or IADLs the student would normally do for themselves if they did not have a disability

A student may be physically capable of eating lunch but is unable to independently eat in the cafeteria because of functional, cognitive, or behavioral impairments

PCS may be provided by a wide range of school personnel:

Teacher Aides

Mobility Specialists

Instructional Aides

Bilingual Aides

Bus Aides/Monitors

Health Care Aides Orientation

Teachers

Clerks



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Personal Care Services

Included but are not limited to:

Eating/feeding

Meal preparation

Personal hygiene

Toileting

Maintaining continence

Dressing

Grooming

Transferring

Monitoring

Redirection

Cueing

Positioning

Ambulation

Intervening with behaviors

Respiratory assistance

Assisting with self administering medication



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Personal Care Services

PCS are often provided in Life Skills/Self-Contained classrooms because:

- The Life Skills class consists of students with Moderate to Severe disabilities, showing limitations in communication, social skills and activities of daily living (ADL)
- The course curriculum is driven by the student's needs as stated in each student's IEP
- These classes may have different skill areas addressed based on student needs, such as:

Domestic skills

Daily living skills

Pre-vocational skills

Vocational skills

Social skills



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Educational vs. Direct Medical/PCS



- ☐ A teacher helping a student solve a math problem that they are having difficulty understanding.



- ☐ A PCSP is assisting a student solve a math problem by providing hand over hand assistance operating a calculator.



- ☐ A teacher demonstrating sounding out words during a reading lesson.



- ☐ A Speech Therapist is working with a student on an articulation exercise.



- ☐ A teacher in an inclusion class is teaching a Social Studies lesson.



- ☐ A teacher's aide is monitoring and cueing students in an inclusion class during a Social Studies lesson to stay seated.



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Educational vs. Direct Medical/PCS



A Licensed Specialist in School Psychology providing academic counseling to a student.



A Licensed Specialist in School Psychology providing cognitive behavioral therapy to a student as part of their defined BIP.



A Nurse teaching students in a health class the benefits of proper hand washing.



A Delegated Nurse assisting a diabetic student in washing their hands prior to checking their blood sugar per the IEP.



A PCSP in the cafeteria monitoring all students.



A PCSP in the cafeteria cueing a student to swallow between bites during lunch.



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What is Monitoring???

Monitoring is a Direct Medical Service when:

- The student just received medication as indicated on his/her IEP. The participant is monitoring the student for a reaction.

This activity is a delegated nursing service

- Student's IEP requires that he/she receive continuous monitoring due to a behavior problem.

This activity is a personal care service (PCS)

Monitoring is an Educational Service when:

- General monitoring of students in a cafeteria to ensure all students' behaviors are in accordance with school policy.

This activity is general supervision of students



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RMTS Moment - Notification

Example of E-mail sent to selected Participants

Medicaid Random Moment Time Study AJ20

1 message

Fairbanks - Time Study <info@fairbanksllc.com>

Tue, Apr 14, 2020 at 5:12 AM

To:

Name:

District:

District Contact:

RMTS Category: Service Coordinator/Case Manager (MAC ONLY)

Random Moment: 08:00 AM on 04/17/2020

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your school District. Your participation is mandatory and assists your school District in obtaining reimbursement for school-based health and outreach activities.

In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer three simple questions to report the activity you were performing at your sampled moment of 08:00 AM on 04/17/2020.

User Name:

Password:

If you need any assistance or have any questions, please contact your District Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.



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Moment - Welcome Screen

www.fairbanksllc.com

FB FAIRBANKS LLC

About Us Services Clients News Careers Contact Us

Client Login

Alabama
California
Illinois
Kentucky
Missouri
Nebraska
New Mexico
North Carolina
Texas Cost Reporting
Texas ECI
Texas ISD
Texas LHD
Texas MH-IDD

Define the
Develop the s

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >](#)

Who We Work With

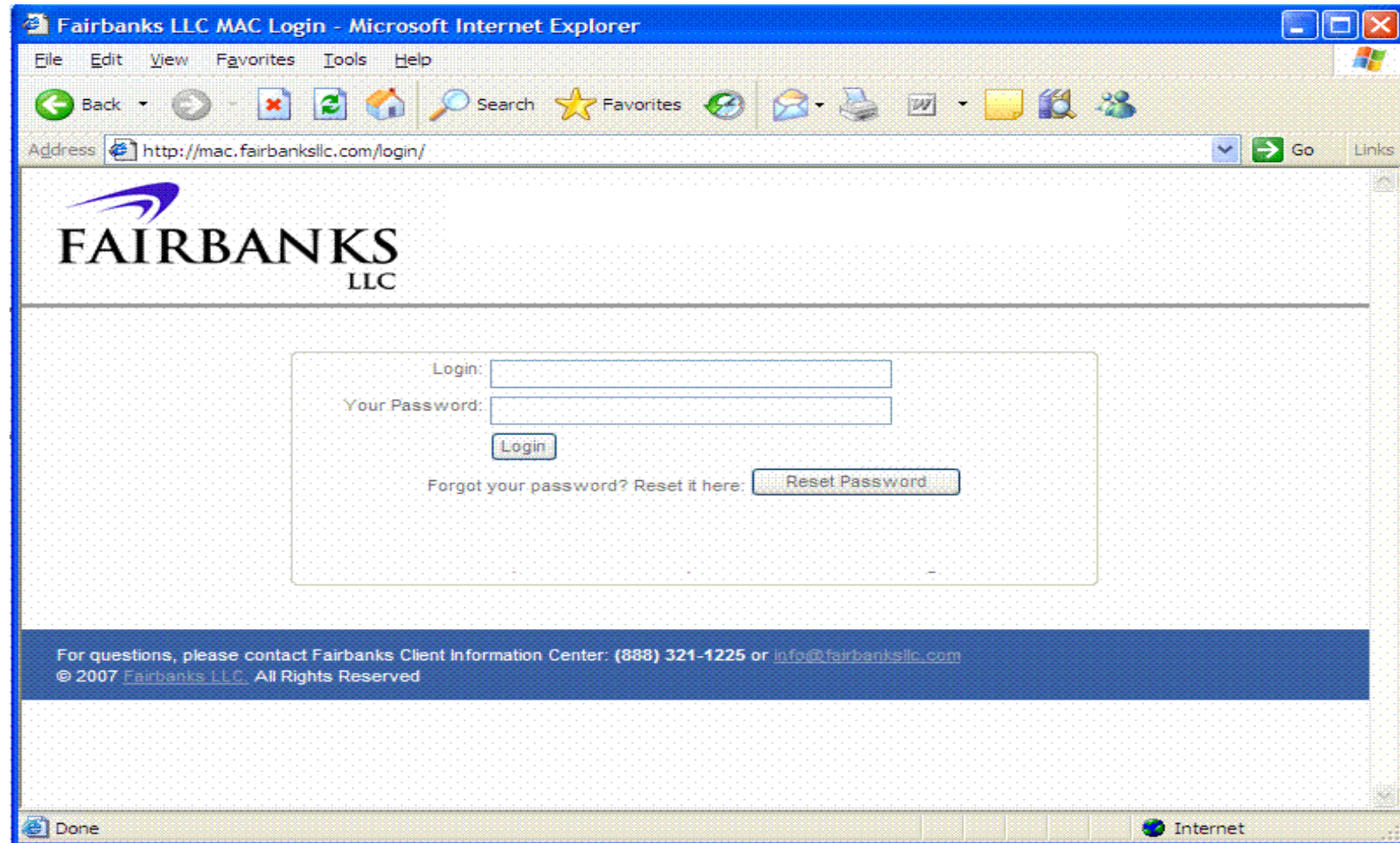
Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)



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Moment - Login Screen



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Moment - Start RMTS



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Welcome, [redacted] ([Logout](#))

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: [redacted]

MAC Category: Early Intervention Specialist
(EIS)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Moment - Instruction Screen



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Welcome, [Name] (Logout)

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study (RMTS) on behalf of your center/district. You are required to complete the following RMTS screens, which will ask a series of questions you will need to answer for your sampled moment. It is important that you complete the RMTS screens as accurately as possible.

1. Keep in mind that you are responding for one precise minute in time. Document what you were doing at the sampled moment of time.
2. Dropdowns and/or optional activity descriptions are provided to assist you. If you do not see a response that applies, choose "other" and you will be provided an explanation box in which you can describe what you were doing.
3. If a blue question mark icon appears at the end of an optional activity description, you may click on the "?" to obtain additional information.
4. The person who will be reviewing your response has no idea of your job description, tasks you perform, or why you perform them, so it is up to you to provide the proper information needed to adequately describe what you were doing at the time of your moment. If you provide insufficient information, you will receive a follow-up email or telephone call requesting additional information.
5. Responses such as the following do not provide sufficient information and should be avoided:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study response."
6. It is best to avoid the use of acronyms and to instead spell out the definition, description, or title.
7. Do not provide client/student-specific names. Instead, your response should state that you were working with a client/student or a group of clients/students, if that were the case.
8. If you are traveling at the time of your sampled moment, please include a description of the activity you will be performing upon arrival.
9. If you were not working at the time of your moment, please indicate if it was paid or unpaid leave/time off.

For the purposes of this time study:

Direct Medical Services

Include:

- Activities that require human interventions such as hands on assistance, supervision, or cueing of a student with a disability or chronic medical condition, to accomplish tasks that the student would not normally do for themselves if they did not have a disability or chronic medical condition;
- Personal care services;
- Specialized transportation services;
- Psychological services;
- Physical therapy;
- Speech therapy; and
- For additional examples [click here](#).

Educational Services

Include activities associated with traditional courses that do not require human intervention to accomplish tasks the student would normally do for themselves if they did not have a disability or chronic medical condition. Traditional courses such as:

- Reading/English/language arts;
- Writing;
- Mathematics;
- Science;
- Social studies; and
- Physical educational.


Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile (Edit)

Name: [Name]
Email: [Email]
Program: [Program]
MAC Category: Personal Care Service Provider

Reference Materials

-  [RMTS Information Website \(TX - HHSC\)](#)
-  [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment - Responses

WHO Was With You ?

WHAT Were You Doing ?

WHY Were You Doing It ?



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Moment - System Demonstration

Demonstration of RMTS online system:

Question: Who was with you???

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Welcome, [redacted] (Logout)

Random Moment Time Study

⊘ YOUR TIME STUDY IS NOT COMPLETE.

⌚ Random Moment Time: 04/01/2015, 08:41 AM Central Time

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials
[86 \(TX - HHSC\) 12-11-09](#)
[redacted], please contact the Center at [redacted]

1. Who was with you?

Please select an answer...

2. V

Special Ed student

Student - Not Special Ed

Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)

Multiple students

Teachers, Aides, or School Administrator(s)

Related Service Provider

Parent, Guardian, or Caregiver

No one, alone

Not Working

Other - please specify below

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Response - Drop Downs

Question: Who Was With You???

1. Special Ed student

- With health Impairment (chronic medical condition)
- With physical disability
- With intellectual disability (IDD)
- With mental health/psychological disability (emotionally disturbed, etc.)
- With autism

2. Student not Special Ed

3. Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)

4. Multiple students

- All with either a disability or medical impairment
- Some with disability or medical impairment and some with no disability or impairment
- All without any disability or medical impairment



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Response - Drop Downs

Question: Who Was With You???


- 5. Teachers, Aides, or School Administrator(s)
- 6. Related Service Provider
- 7. Parent, Guardian or Caregiver
- 8. No one, alone
- 9. Not Working
 - Paid time off
 - Unpaid time off
- 10. Other




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Response – Open Text Box


Question: What Were You Doing???

 FAIRBANKS LLC

Welcome,  ([Logout](#))

Random Moment Time Study

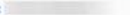


 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 04/01/2015, 08:41 AM Central Time



2. What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (i.e. teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.) Do not use proper names or acronyms.

Your Profile ([Edit](#))

Name: 
Email: 
Program: 
MAC Category: Physical Therapist - Licensed

Reference Materials

-  [RMTS Information Website \(TX - HHSC\)](#)
-  [RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

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Response – Open Text Box

Question: What Were You Doing? (Text Box)

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.)

Please keep in mind:

- When providing PCS the “WHAT” is more about why the student needs your support rather than what is going on in the class.
- You are describing exactly what took place only in the 60 seconds of the moment
- The person coding the moment has no background or knowledge of ISD job descriptions; tasks performed or what Special Education is.
- Don't use acronyms in the description
- Don't use people's names in the responses
- If not working, indicate if it was paid or unpaid time off



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Response - Drop Downs

Question: Why Were You Performing This Activity???

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Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 04/01/2015, 08:41 AM Central Time

3. Why were you performing this activity?

Please select an answer...

- Please select an answer...
- To ensure safety for student(s) from self, others, environment that they cannot perceive independently
- To keep the student on task, in seat, awake that they cannot manage independently
- To assist the student physically
- To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
- To assist the student toileting
- To monitor the student that requires supervision or physical assistance
- To transition the student that requires supervision or physical assistance
- To assist the student feeding/eating that requires supervision or physical assistance
- To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)
- To provide classroom instruction
- To supervise students in general population
- To provide medication/medical care/first aide
- To provide therapy (Speech, OT, PT, Sensory stimulation)
- To conduct assessment/evaluation
- To provide or obtain information to or from a student's family
- To determine student's/family's eligibility for Medicaid/Health benefits
- To determine student's/family's eligibility for other programs/benefits
- To upgrade professional skills through training
- To improve social/vocational/educational services for the district's students
- To improve health related services for the district's students
- To coordinate/provide transportation
- To coordinate/provide translation
- To provide counseling
- To participate in a meeting

I confirm Random Moment Time Study regarding this RMTS

Certify

Your Profile (Edit)

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials

- [RMTS Information Website \(TX - HHSC\)](#)
- [RMTS Participant Manual 2-11-09](#)

You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

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Response - Drop Downs

Question: Why Were You Performing This Activity???

1. To ensure safety for student(s) from self, others, environment that they cannot perceive independently
 - Per IEP
 - Without IEP
2. To keep the student on task, in seat, awake that they cannot manage independently
 - Per IEP
 - Without IEP
3. To assist the student physically
 - Per IEP
 - Without IEP
4. To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
 - Per IEP
 - Without IEP



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Response - Drop Downs

Question: Why were you performing this activity?

5. To assist the student toileting
 - Due to disability (cognitive, physical, or mental health) – Per IEP
 - Due to disability (cognitive, physical, or mental health) – Without IEP
 - As part of age appropriate toilet training (Pre-K and Kindergarten)
6. To monitor the student that requires supervision or physical assistance
 - Per IEP
 - Without IEP
7. To transition the student that requires supervision or physical assistance
 - Per IEP
 - Without IEP
8. To assist the student feeding/eating that requires supervision or physical assistance
 - Per IEP
 - Without IEP



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Response – Drop Downs

Question: Why were you performing this activity?

9. To monitor/intervene with behaviors (aggression, self stimulation, verbal interference, etc.)
 - With BIP (Behavioral Intervention Plan) Per IEP
 - With BIP (Behavioral Intervention Plan) Without IEP
 - Without BIP - Per IEP
 - Without BIP - Without IEP
10. To provide classroom instruction
11. To supervise students in general population
12. To provide medication/medical care /first aide
 - Per IEP
 - Without IEP
13. To provide therapy (Speech, OT, PT, Sensory stimulation)
 - Per IEP
 - Without IEP



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Response – Drop Downs

Question: Why were you performing this activity?

14. To conduct assessment/evaluation

- Full Individual Evaluation (FIE) for Special Ed determination
- Academic Assessment
- Hearing/Vision Assessment
- Speech, OT, PT, Nursing or Nutritional Assessment

15. To provide or obtain information to or from student's family

- Regarding SHARS (School Health and Related Services)
- Regarding all other services

16. To determine student's/family's eligibility for Medicaid/Health benefits

17. To determine student's/family's eligibility for other programs/benefits

18. To upgrade professional skills through training

- Through medical/health related training
- Through educational training



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Response – Drop Downs

Question: Why were you performing this activity???

18. To improve social/vocational/educational services for the district's students

19. To improve health related services for the district's students

20. To coordinate/provide transportation

- For medical services for a specific student
- For social/vocational/educational purposes

21. To coordinate/provide translation

- For medical services for a specific student and/or student's family
- For social/vocational/educational purposes

22. To provide counseling

- Academic Counseling
- Vocational Counseling
- Mental Health Counseling per IEP
- Mental Health Counseling without IEP
- Other



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Response – Drop Downs

Question: Why were you performing this activity???

23. To participate in a meeting

- Staff – Academic discussion
- Staff – SHARS Medical/Medicaid discussion
- IEP – Academic discussion
- IEP - SHARS Medical/Medicaid discussion
- Other

24. Not working

- Paid Time Off
- Unpaid Time Off

25. Other

****Please explain why you chose the answer “Other” – please specify below**



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Complete Time Study

Review and Submit (Print)



Welcome, Kim Kasner ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS KIM KASNER, YOU HAVE COMPLETED THE TIME STUDY!

🕒 Random Moment Time: 04/01/2015, 08:41 AM Central Time

Thank you for participating in the time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)



Your Profile

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Physical Therapist - Licensed

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.



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Complete Time Study

Review and Submit (Confirmation Receipt)



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

✓ TARA MADRIGAL, YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 04/10/2015, 09:10 AM CENTRAL TIME.

🕒 Random Moment Time: 04/08/2015, 08:59 AM Central Time

Here are your answers:

Who was with you?

Student, Special Ed (Age 3-20)

What were you doing?

I was providing a direct medical service to the child.

Why were you performing this activity?

To provide an educational service as defined on a student's IEP

[Print](#)

Your Profile

Name: [redacted]
Email: [redacted]
Program: [redacted]
MAC Category: Service Coordinator/Case Manager (MAC ONLY)

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?

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Thank you

Time Study Unit